



TOWN OF SCITUATE BOARD OF HEALTH APPLICATION PUMP AND HAUL SEPTAGE

Date: _____

New Application ☐

Renewal ☐

In accordance with provisions of the Statutes relating thereto, application for a permit is hereby made by:

Name (individual):	
Company Name (if different):	
Address:	
Telephone Number:	
Cell Phone Number:	
Fax Number:	
E-mail Address:	

Pursuant to MGL CH 62c, SEC 19A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all State Tax Returns and paid all State Taxes required under the law.

Signature	
Social Security or Federal I.D.:	
Truck Registration:	
DPU #:	

Worker's Comp Certificate: _____

Permit Issued: _____

Permit No.: _____

FEE: \$100.00/Truck Date Paid: _____

Check #: _____

NOTICE TO APPLICANTS FOR LICENSE TO PUMP AND HAUL SEPTAGE

****Each truck requires a separate license****

I will not introduce any chemical into a septic system in the Town of Scituate without the prior written authorization by the Scituate Public Health Department. I fully understand that any person, company, or firm, who introduces any chemical into a septic system in Scituate without the prior authorization of the Scituate Health Department, will have the Pumper's License immediately suspended.

Reviewed by Director, Public Health: APPROVED ☐

DENIED ☐